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Jan 25 2005 16:15:24

1: Mascolini M.

The rolling uncertainties of antiprotease prescribing.

J Int Assoc Physicians AIDS Care. 1996 Feb;2(2):6-10.

PMID: 11363341 [PubMed - indexed for MEDLINE]

2: Lin HX, Li ZL, Dai GL, Bi QS, Yu RQ.

Preliminary fluorimetric screening of fourteen palladium complexes as potential antitumor agents.

Sci China B. 1993 Oct;36(10):1216-23.

PMID: 8136034 [PubMed - indexed for MEDLINE]

3: Witte DL.

Matrix effects in therapeutic drug monitoring surveys. Proposed protocol to identify error components and quality improvement opportunities.

Arch Pathol Lab Med. 1993 Apr;117(4):373-80.

PMID: 8466400 [PubMed - indexed for MEDLINE]

4: Hisa T, Katoh J, Yoshioka K, Taniguchi S, Mochida K, Nishimura T, Kanetomo H, Kono T, Hamada T.

Contact allergies to topical corticosteroids.

Contact Dermatitis. 1993 Mar;28(3):174-9.

PMID: 8462297 [PubMed - indexed for MEDLINE]

5: Rotblatt MD, Koda-Kimble MA.

Review of drug interference with urine glucose tests.

Diabetes Care. 1987 Jan-Feb;10(1):103-10. Review.

PMID: 3552507 [PubMed - indexed for MEDLINE]

1: J Int Assoc Physicians AIDS Care. 1996 Feb;2(2):6-10.

The rolling uncertainties of antiprotease prescribing.

Mascolini M.

AIDS: Saquinavir, a protease inhibitor, received Food and Drug Administration (FDA) approval. Ritonavir and indinavir are likely to receive FDA approval by mid-1996, and three others are currently in clinical trials. Clinicians who treat HIV-positive patients will be faced with conflicting test results and multiple choices in drug therapy. All tests currently show that protease inhibitors are most effective in combination with nucleoside analog reverse transcriptase inhibitors. The issue of cross-resistance is controversial, with differing opinions on whether these treatments reduce the effectiveness of later treatments with other compounds. For the most effective treatment, patients should begin therapy with the maximum tolerated dosage of any of these drugs. A chart summarizes each of the six drugs' developmental statuses. Clinicians are cautioned to consider variables other than viral load in determining which drugs to prescribe; side effects, cost, drug interactions, tissue distribution and palatability are also important factors to consider. Test results of the six drugs are reviewed.

Publication Types:

Newspaper Article

PMID: 11363341 [PubMed - indexed for MEDLINE]

1: Sci China B. 1993 Oct;36(10):1216-23.

Preliminary fluorimetric screening of fourteen palladium complexes as potential antitumor agents.

Lin HX, Li ZL, Dai GL, Bi QS, Yu RQ.

Department of Chemistry and Chemical Engineering, Hunan University, Changsha, PRC.

Making use of the fact that the combination of a drug substance with DNA may inhibit the duplication, synthesis and proliferation of DNA and the consistency of the in vivo and in vitro interactions, the authors worked out a preliminary screening method for testing complex agents as potential antitumor drugs using ethidium bromide as a fluorescence probe. In this report, the method was applied for in vitro testing fourteen synthesized palladium(II)/phenanthroline/amino acid/chloride complexes as potential non-platinum antitumor agents. The fluorimetric screening method was compared with methylene blue tube test and trypan blue dye exclusion assay. All three methods gave agreeable results. Among the complexes tested,  $[\text{Pd}(\text{phen})(\text{lys})]\text{Cl}$ ,  $[\text{Pd}(\text{phen})(\text{arg})]\text{Cl}$  and  $[\text{Pd}(\text{phen})(\text{pro})]\text{Cl}$  showed antineoplastic ratios for animal tumor S-180 56%, 50% and 48%, respectively, in accordance with the order of their binding constants with DNA,  $7.96 \times 10(6)$ ,  $4.52 \times 10(6)$  and  $1.0 \times 10(6)$ , respectively. The test results show that fluorimetric method is simple, cheap and rapid, suitable for preliminary screening of antitumor complexes.

PMID: 8136034 [PubMed - indexed for MEDLINE]

1: Arch Pathol Lab Med. 1993 Apr;117(4):373-80.

Matrix effects in therapeutic drug monitoring surveys. Proposed protocol to identify error components and quality improvement opportunities.

Witte DL.

Ottumwa Regional Health Foundation, Iowa City, Iowa.

Therapeutic drugs are not endogenous compounds. Therefore, differing reactivities between proficiency testing and patient samples have potential mechanisms beyond those attributable to alterations of the serum protein base, stabilizing materials, and other manufacturing components. The therapeutic drug monitoring proficiency sample is the ultimate in polypharmacy. Cross-reactivities may be uncovered that may or may not occur with any frequency in patient samples. Drugs are present in therapeutic drug monitoring proficiency samples in the absence of their metabolites, which may alter interactions with the assay systems. The CAP Therapeutic Drug Monitoring Resource Committee has contacted manufacturers when a specific method yields proficiency test results that differ from all other methods and/or the weighed-in target values. Only a few examples have been formally evaluated with the "matrix evaluation protocol." The protocol is very useful and has identified some matrix effects. A protocol is proposed using multiple samples containing survey base material. Data analysis using reciprocal plots will identify interference and corroborate calibration or recovery errors in the presence of survey base material. Data from 1987 through 1991 surveys for lithium and theophylline illustrate this data analysis and show interference from other drugs and suggest calibration errors. Weighted-in target values are the most rigorous method to provide accurate, transferable patient results and convince ourselves and our evaluators that we know what we are measuring. All of us need to be committed to improvement of laboratory procedures. I believe weighed-in target values are the appropriate and achievable goal for proficiency testing the majority of therapeutic drug monitoring analytes. Implementation of target values requires diligent and intricate collaboration among laboratorians, surveyors, manufacturers, and regulators.

PMID: 8466400 [PubMed - indexed for MEDLINE]

1: Contact Dermatitis. 1993 Mar;28(3):174-9.

Contact allergies to topical corticosteroids.

Hisa T, Katoh J, Yoshioka K, Taniguchi S, Mochida K, Nishimura T, Kanetomo H, Kono T, Hamada T.

Department of Dermatology, Osaka City University Medical School, Japan.

The patient, a 34-year-old Japanese woman who noticed worsening of her rash after using topical corticosteroid preparations on her neck, was patch tested for both commercial preparations and corticosteroids themselves. The patch test results revealed that she had a contact allergy to gold, oxytetracycline, and 2 types of corticosteroid (acetonides and esters) in 7 compounds (betamethasone valerate and dipropionate, hydrocortisone butyrate and hydrocortisone butyrate propionate, amcinonide, budesonide, and fluocinonide).

Publication Types:  
Case Reports

PMID: 8462297 [PubMed - indexed for MEDLINE]

1: Diabetes Care. 1987 Jan-Feb;10(1):103-10.

Review of drug interference with urine glucose tests.

Rotblatt MD, Koda-Kimble MA.

Many drugs have been reported to interfere with copper-reduction or glucose oxidase tests used to measure urine glucose. However, only a few drugs or drug classes have been well documented to clinically interfere with these tests. The interfering drugs include ascorbic acid, beta-lactam antibiotics (e.g., cephalosporins and penicillins), levodopa, and salicylates. Several other drugs may also interfere with certain urine glucose tests, but the interactions are poorly documented. These drugs include chloral hydrate, hyaluronidase, nalidixic acid, nitrofurantoin, p-aminosalicylic acid, phenazopyridine, probenecid, and X-ray contrast media. Drugs or their metabolites that are strong reducing substances produce false-positive results by the copper-reduction method and false-negative results by the glucose oxidase method. The beta-lactam antibiotics interfere with copper-reduction tests by producing copper compounds of various colors that confuse interpretation of test results. Tables are provided that summarize the drug interferences discussed.

Publication Types:

Review

PMID: 3552507 [PubMed - indexed for MEDLINE]